



11-02-07

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/835,121-Conf. #4218
	Filing Date	April 13, 2001
	First Named Inventor	Margaret M. LEAHY
	Art Unit	1655
	Examiner Name	S. C. Hoffman
Total Number of Pages in This Submission	Attorney Docket Number	OSJ-002RCE3

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Receipt Postcard PTO form SB/08 Certificate of Mailing Copy of One (1) Reference
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	LAHIVE & COCKFIELD, LLP		
Signature			
Printed name	Peter W. Dini, Ph.D.		
Date	November 1, 2007	Reg. No.	52,821



PTO/SB/17 (10-07)

Approved for use through 06/30/2010. OMB 0651-0032
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
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Effective on 12/08/2004.
Fee pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2008

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) **180.00**

Complete if Known

Application Number	09/835,121-Conf. #4218
Filing Date	April 13, 2001
First Named Inventor	Margaret M. LEAHY
Examiner Name	S. C. Hoffman
Art Unit	1655
Attorney Docket No.	OSJ-002RCE3

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
☒ Deposit Account Deposit Account Number: 12-0080 Deposit Account Name: Lahive & Cockfield, LLP
 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	210	105
Multiple dependent claims	370	185

Total Claims Extra Claims Fee (\$) Fee Paid (\$) - = x =	Multiple Dependent Claims Fee (\$) Fee Paid (\$) _____ _____	
HP = highest number of total claims paid for, if greater than 20.		
Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) - = x =		
HP = highest number of independent claims paid for, if greater than 3.		

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) - - - - -	100 = /50 = (round up to a whole number) x =	
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4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)
 Other (e.g., late filing surcharge): 1806 Submission of an Information Disclosure Statement 180.00

SUBMITTED BY			
Signature	Registration No. (Attorney/Agent)	52,821	Telephone (617) 994-0861
Name (Print/Type) Peter W. Dini, Ph.D.			Date November 1, 2007



Express Mail Label No. EM 066425986 US Dated: November 1, 2007

Docket No.: OSJ-002RCE3
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Margaret M. Leahy *et al.*

Application No.: 09/835,121

Confirmation No.: 4218

Filed: April 13, 2001

Art Unit: 1655

For: NOVEL COMPOSITIONS DERIVED FROM
CRANBERRY AND GRAPEFRUIT AND
THERAPEUTIC USES THEREFOR

Examiner: S. C. Hoffman

MS Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT (SIDS)

Dear Sir:

In accordance with 37 CFR 1.97, Applicants hereby make of record the following additional documents. A PTO Form SB/08 and a full copy of each of the documents required under 37 CFR 1.98(a)(2) accompany this statement.

This statement is not to be interpreted as a representation that the cited documents are material, that an exhaustive search has been conducted, or that no other relevant information exists. Nor shall the citation of any document herein be construed *per se* as a representation that such document is prior art. Moreover, Applicants understand the Examiner will make an independent evaluation of the cited documents.

This Supplemental Information Disclosure Statement is filed more than three months after the U.S. filing date, and after the mailing date of the first Office Action on the merits, but before the mailing date of a Final Office Action or Notice of Allowance (37 CFR 1.97(c)).

11/05/2007 MGEDEM1 00000006 120000 09035121

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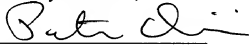
100.00 DA

Please charge our Deposit Account No. 12-0080 in the amount of \$180.00 covering the fee set forth in 37 CFR 1.17(p). The Director is hereby authorized to charge any deficiency in the fees filed, asserted to be filed or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Deposit Account No. 12-0080, under Order No. OSJ-002RCE3.

Dated: November 1, 2007

PWD/BME/mch

Respectfully submitted,

By 

Peter W. Dini, Ph.D.

Registration No.: 52,821

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Attorney/Agent For Applicant



Application No. (if known) 09/438,121

Attorney Docket No.: OSJ-002RCE3

Certificate of Express Mailing Under 37 CFR 1.10

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Date

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Peter W. Dini, Ph.D.

Typed or printed name of person signing Certificate

52,821

Registration Number, if applicable

(617) 994-0861

Telephone Number

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Transmittal (1 page)

Fee Transmittal (1 page, in duplicate)

Supplemental Information Disclosure Statement (2 page)

PTO form SB/08 (1 Reference) (1 page)

Copy of One (1) Reference